

Section B - External Operations

Overview

Introduction

The State Agency operates in coordination with Local Programs on a daily basis. One could not function without the other.

In this Section

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Affirmative Action Plan

Introduction

Montana has 56 counties and 7 Native American Reservations for a total of 63 possible local WIC clinic units. The Tribal WIC Programs on the reservations include portions of 11 counties and serve both on and off reservation Native Americans in their respective areas.

The data used in this study are statistically reliable. The Records and Statistics Bureau of DPHHS reviewed the Affirmative Action Plan for appropriate statistical technique and analysis. Data presented included the 56 counties and 7 Native American Reservations.

Figures for Indian Health Service Units, however, had to be extrapolated from the county figures (1990 census). Figures for Native Americans in Big Horn, Blaine, Flathead, Glacier, Hill, Lake, Missoula, Phillips, Pondera, Roosevelt, Rosebud, Sanders and Valley counties were therefore pulled from the totals for those counties and used to establish data for the reservations.

Affirmative Action Plan

The Affirmative Action Plan for the current fiscal year has been based on the most recently available census data (1990) and updated (1985) data on low birth weight infants from the Montana Department of Public Health and Human Services (DPHHS).

Actual monthly caseload by priority reflects the month of April in the current calendar year. The number of eligible participants for each local WIC clinic is listed in Chapter 3, Affirmative Action Plan.

Note: See Chapter 3 - Local Clinic Operations for current "Participation by Priority for Each Program" report and "Affirmative Action Plan".

Description of Ranking System

To establish the ranking, the following criteria were used:

- Incidence of low birth weight infants (1996 - 2001). Data was based on the statistical report done by the Bureau of Records and Statistics, Department of Public Health and Human Services (DPHHS). The data in the statistical report is broken down by county, and within county, by race (white, Indian, and other).
- Percentage of population (women, children under age 5) at 185% of poverty or less (2000 census). Population at 185% of poverty or less was determined from income and poverty status data based on 2000 Bureau of Census statistics for General Social and Economic Characteristics. Income for women and children under 5 at or below 185% of poverty is used as an indicator for evaluating financial eligibility throughout Montana.

- Minority populations (2000 census). Information on minority populations was taken from 2000 census reports.

Affirmative Action Plan Ranking

- The Affirmative Action Plan rankings would be used as one tool among many to assist in the expansion of WIC in Montana, when and if funds become available. If funds were available, new agencies or satellites would be opened in descending order from the top in the Plan, with no WIC agency receiving funds until the eligible agencies above were funded.

The number of potentially eligible persons was obtained by utilizing census data for children below 185% poverty and number of total births. This data was inserted into the following formula, as suggested by State Plan Guidance:

$$((\text{Total births} \times 1.25) \times \% \text{ children below } 185\%) + \# \text{ children below } 185\% = \text{potentially eligible population.}$$

Priorities Served

The Montana WIC Program serves Priorities I-VI.

CSFP Programs

The Commodity Supplemental Food Program (CSFP) works with the WIC Program to ensure no dual benefits are issued to participants.

Affirmative Action Plan

Attached are the “Participation Priority by Program” and the “Actual Participation by Priority” (affirmative action plan ranking) reports for the month of April (current calendar year).

Local Program Address List

Attached List

The Local WIC Agency Address/Telephone Number List is attached and will be updated as changes are received.

Local Program Maps

Attached Maps

The Local Program maps are attached designating service areas and Montana Indian Reservations.

Appeals by Local Programs

State Agency Responsibilities

The State Agency shall advise the aggrieved WIC agency of their rights under the regulations.

The State Agency, upon request for a hearing by a local WIC program, shall schedule a hearing and inform the local WIC program of the time and place, giving the local WIC program 10 days advance notice.

The hearing shall be conducted in Helena and the local WIC program will be informed in writing of the decision and its basis within 60 days of the date of the request for a hearing. The hearing shall be conducted by a fair and impartial official, whose decision shall rest solely on the evidence presented at the hearing and statutory and regulatory provisions governing the WIC program.

The procedure for the hearing shall provide at a minimum to the local WIC program:

- 10 days advance notice of the time and place of the hearing to provide all parties involved with sufficient time to prepare for the hearing.
- The opportunity to present its case.
- The opportunity to confront and cross-examine adverse witnesses.
- The opportunity to be represented by counsel, if desired.
- The opportunity to review the case record prior to the hearing.
- The opportunity for two rescheduled hearing dates.

Adverse Actions

Adverse action taken by the State WIC Agency shall be postponed until a hearing decision is reached. All appellants denied program benefits at the State level shall be informed in writing, along with the decision of the hearing officer, of their right to appeal the decision to a District Court within 30 days of receiving the written notice.

Local programs shall be given 60 days advance notice of any adverse action, including written notice of the action, cause(s) for and the effective date of the action.

Note: Expiration of a contract with a local WIC program or retailer shall not be subject to appeal.

General Program Complaints

Introduction

All written or verbal complaints about any part of the operation of WIC in Montana shall be accepted and processed within 30 days of receipt by the State WIC Agency or any local WIC program.

- Any person alleging improper treatment, discrimination or other wrong doing must communicate to the State WIC Agency or any local WIC program said mistreatment within 180 days of the alleged action.
- Complaints regarding discrimination will be processed according to the instructions provided in Civil Rights.

Acceptance of Complaints

All complaints, written or verbal, shall be accepted. Information submitted must be sufficient to identify the WIC agency or individual involved. See Chapter 3 - Section A, Retailer, for details about handling complaints involving/against retailers.

In the case of a verbal or telephone complaint, every effort should be made to collect the following:

- Name, address and telephone number of complainant, or other method of contacting the complainant.
- Nature of the complaint.
- Retailer name, if involved.
- Local WIC program, if involved.

Use of the WIC Fraud Form is required (see page 3-B-18). A full record of all contacts and activities related to the complaint must be maintained on file in the receiving WIC agency's office in order to track the action taken to address the complaint.

Notification

Local programs shall notify the State WIC Agency by phone and follow-up in writing of any complaint(s) received and request guidance for disposition of the complaint.

The State WIC Agency shall notify a local WIC program by phone and follow-up in writing of any complaint(s) received concerning their jurisdiction.

Resolution

Investigation and resolution of complaints will be handled on a case-by-case basis with all pertinent facts considered.

Participant Fraud/Abuse

Fraud/Abuse

The WIC program is to be alert for possible participant abuse. When abuse is detected or suspected, the WIC agency must document as completely as possible, including a narrative account of how abuse was detected and copies of any relevant food instruments or other documents.

This information is entered on the WIC Participant Fraud Form, and discussed with the participant/guardian. The participant/guardian is given an opportunity to make a statement, but in no case should be forced to. If the participant/guardian will not, or cannot sign a statement, note this on the form.

Dual Certification

Definition: Receiving/redeeming food instruments from 2 programs/clinics in the same month.

Dual certification constitutes a potential for fraud/abuse. Beginning-of-Day reports identify potential dual participation cases within the state. The local program receiving notification must research the potential dual case(s).

Obvious inconsistencies like clinic errors and twins are screened out. An initial contact is made between the local programs involved to determine if fraud exists or whether the case(s) are “false” duals.

Information about the situation, including food instruments issued, clinics where food instruments were issued, dollar amount, county of participant residence, etc., must be included in the report.

Once a dual participant is clearly identified (food instruments were received and cashed), the local WIC clinic takes steps outlined in “Participant Sanctions” (see below).

WIC agency staff will determine the sanction(s) needed based on information in “Participant Sanctions” (see below) and take necessary action.

Definition of Fraud/Abuse

The definition of fraud/abuse is (one or more of the following):

- Intentionally making false or misleading statements or intentionally misrepresenting, concealing or withholding facts to obtain benefits.
- Sale or exchange of food or food instruments for cash or other items.
- Stealing WIC checks from a local WIC program or WIC participant.
- Receipt of cash, credit or rainchecks from food retailers in a WIC purchase.

- Purchase of unauthorized food or other items of value.
- Alteration of food instruments.
- Redemption of food instruments reported lost or stolen.
- Redeeming a WIC check outside the authorized date range.
- Redeeming a WIC check at stores not listed as an authorized WIC retailer.
- Dual participation, receiving/redeeming food instruments from 2 or more programs/clinics in the same month.
- Verbal or physical abuse, or threat of physical abuse, of clinic or food retailer staff.

Participant Sanctions

The State WIC Agency determines uniform procedures and sanctions to be applied in cases of program abuse by participants or applicants. A sanction, which is based on the severity of the abuse, may range from education and warning letter to disqualification from the WIC program for a maximum of three months.

Participants or authorized representatives who misrepresent their circumstances in order to receive food benefits may be required to pay the cash value of improperly received benefits to the State WIC Office.

- Recovery in cash of overpayment of WIC benefits due to intentional misrepresentation of facts by a person will occur when:
 1. Benefits overpaid exceed \$50 in one month, or
 2. Exceed \$200 in 6 months.
- Local WIC program staff shall notify State WIC Agency staff when cash recovery is warranted.
- State WIC Agency staff shall follow accepted DPHHS practice and applicable State law in pursuing cash recovery.
- Before disqualification and/or termination from the WIC program for alleged abuse, that participant shall be given full opportunity to appeal as set forth in 7CFR246.23 and Local Clinic Operations Fair Hearing Procedures.
- The State WIC Agency shall refer participants who abuse the WIC program to Federal, State or local authorities for prosecution under applicable statutes where appropriate.

Following is a list of the types of participant abuse and the sanctions to be imposed on

participants or applicants and their authorized proxies.

	Abuses	Offense	Sanctions
1	<p>Knowing and deliberate misrepresentation of circumstances to obtain benefits:</p> <ul style="list-style-type: none"> • misrepresentation of income; • misrepresentation of residence; • misrepresentation of family size; • misrepresentation of health status ~ falsification of medical data or health status. • misrepresentation of actual date of birth so as: a) to appear to be categorically eligible, or b) to go undetected as a dual participant. 	1st	<p>Three month disqualification from the WIC program.</p> <p>Participants or authorized representatives may also be required to pay the State WIC Agency in cash, the value of food benefits improperly received.</p>
<p>NOTE: Participants can in fact be eligible in spite of their misrepresentation of circumstances. A participant, with an actual family size of 4, claims she has 5 in the family. Her proof of income makes a family of 5 <u>or</u> 4 eligible for benefits. <u>In this case a warning letter must be given to the participant.</u></p>			
2	Dual participation (redeeming food instruments from 2 programs/clinics in the same month).	<p>1st</p> <p>2nd</p>	<p>Immediate removal from one program/clinic and one to three month disqualification from the other program/clinic depending on number of months dual benefits received.</p> <p>Immediate removal from one program/clinic plus three month disqualification from the other program/clinic.</p>
<p>NOTE: Where deliberate misrepresentation is involved, the participant may be disqualified from participation in both programs or clinics (246.7(k)(iii)). Participants or authorized representatives may also be required to pay the State WIC Agency, in cash, the value of food benefits improperly received.</p>			
3	Stealing WIC checks from a local WIC clinic or other participant.	1st	Three month disqualification.
4	Physical abuse of WIC or food retailer staff.	1st	Three month disqualification.
5	Sale or exchange of supplemental food or WIC checks to other individuals or entities, or to obtain a cash refund for WIC foods.	1st	Three month disqualification.

	Abuses	Offense	Sanctions
6	Receipt of, or attempt to receive from WIC food retailer, cash or credit toward purchase of unauthorized food or other items of value in lieu of, or in addition to, authorized supplemental foods.	1st 2nd	One month disqualification. Three month disqualification.
7	Redeeming WIC checks that were reported as lost or stolen.	1st 2nd	One month disqualification. Three month disqualification.
8	Altering WIC checks.	1st 2nd	One month disqualification. Three month disqualification.
9	Purchasing, or attempting to purchase, food in excess of that authorized on the WIC check.	1st 2nd 3rd	Education and warning letter. One month disqualification. Three month disqualification.
10	Purchase, or attempt to purchase, unauthorized foods.	1st 2nd 3rd	Education and warning letter (also monthly check pick-up may be appropriate). One month disqualification. Three month disqualification.
11	Redeeming WIC checks prior to or after the valid dates.	1st 2nd 3rd	Education and warning letter (also monthly check pick-up may be appropriate). One month disqualification. Three month disqualification.
12	Redeeming WIC check(s) at store not listed as an authorized WIC retailer. It is the responsibility of the WIC participant to reimburse the retailer for the value of the WIC check.	1st 2nd 3rd	Education and warning letter. One month disqualification. Three month disqualification.

	Abuses	Offense	Sanctions
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13	Verbal abuse or harassment of WIC or food retailer staff.	1st 2nd	Education and warning letter (change of retailer/authorized representative/proxy may also be appropriate). Three month disqualification.
NOTE: The coordinator must attempt to discern whether the conduct of the food retailer staff may have provoked the authorized representative or proxy. The authorized representative or proxy has the right to complain about improper or discourteous treatment and shall not be penalized for making a legitimate complaint.			
14	Threat of physical abuse of WIC or food retailer staff.	1st 2nd	Education and warning letter. Three month disqualification.
<p>All offenses under this policy shall be kept on the participant's record for <u>one</u> year.</p> <p>A repeated (2nd or 3rd) occurrence of an actual or attempted abuse within one year of the first offense warrants a second or third abuse sanction, whichever is appropriate, even if the latest abuse is unrelated to the previous abuse(s).</p> <p>For instance, a participant steals WIC checks from a local WIC clinic (abuse #3). As a first offense, the participant will receive a three month disqualification. If within a one year period, this participant redeems WIC checks for authorized foods and receives the difference between the "Not to Exceed" maximum check amount and the price of the WIC foods (abuse #6), this constitutes a second offense. The participant would be disqualified for three months.</p>			

WIC PARTICIPANT FRAUD FORM

Local Agency Name _____ Clinic Site _____

WIC Clinic Contact Person _____ Date Reported _____

Participant/Guardian's Name _____ Participant # _____

<u>CHECK #'S</u>	<u>DATE OF ISSUE</u>	<u>MAXIMUM VALUE OF CHECK</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF FRAUD

- | | |
|---|---|
| <input type="checkbox"/> Received or attempted to receive unauthorized food from WIC purchase | <input type="checkbox"/> Returned or attempted to return WIC foods for cash |
| <input type="checkbox"/> Received or attempted to receive more WIC food than authorized | <input type="checkbox"/> Knowingly falsified eligibility information |
| <input type="checkbox"/> Redeemed or attempted to redeem checks reported lost or stolen | <input type="checkbox"/> Dual participation |
| <input type="checkbox"/> Received or attempted to receive change from WIC purchase | <input type="checkbox"/> Redeemed or attempted to redeem stolen checks |
| <input type="checkbox"/> Deliberate alteration of check | <input type="checkbox"/> Other _____ |

COMPLAINT: Briefly describe how complaint was received. (Attach xerox copies of checks and other documents supporting case.)

PARTICIPANT STATEMENT:

Signature

DECISION:

- ☐ Keep participant on program, evidence does not
- ☐ Place participant on probation support fraud allegation
- ☐ Specify length of probation
- ☐ Keep participant on program until DPHHS resolves
- ☐ Drop participant
- ☐ Other (Specify)

ADDITIONAL COMMENTS:

Signature of Clinic Personnel

SEND ORIGINAL TO:

MONTANA WIC PROGRAM
RETAILER SECTION
DEPT OF PUBLIC HEALTH & HUMAN SERVICES
COGSWELL BUILDING \ 1400 BROADWAY
HELENA MT 59620

(Keep copy in participant file)

Fair Hearings

Introduction

A fair hearing procedure shall be provided through which any individual may appeal a State or local agency action which results in a claim against the individual for repayment of the cash value of improperly issued benefits and/or results in the individual's denial of participation or disqualification from the WIC Program.

State Agency Responsibilities

- All requested fair hearings will be conducted by DPHHS within three weeks of the date the Department received the request for a hearing. Those requesting the hearing shall be notified in writing a minimum of ten days in advance of the time and place of the hearing and of the hearing procedure.

The hearing will be conducted in accordance with 7 CFR 246.9 and Title 2, Chapter 4 of the Montana Code Annotated.

The hearing shall be conducted by a fair and impartial hearing official and the appellant shall be notified in writing of the decision of the hearing official, and reasons for it, within 45 days of the receipt of the request for a fair hearing. All decisions shall be based on facts found in the hearing record, and the parties will be notified of their right to appeal the decision to District Court within 30 days.

The hearing official's decision is binding on the State Office and local WIC program, and if in favor of the appellant, program benefits shall begin for an applicant and continue for a participant within the 45 day limit.

- If the decision is in favor of the appellant and benefits were denied or discontinued, benefits shall begin immediately.
- If the decision concerns disqualification and is in favor of the WIC agency, as soon as administratively feasible, the local WIC program shall terminate any continued benefits, as determined by the hearing official.
- If the decision regarding repayment of benefits by the appellant is in favor of the WIC agency, the State or local WIC program shall resume its efforts to collect the claim, even during pendency of an appeal of a local-level fair hearing decision to the State WIC Agency
- All records of the hearing shall be retained in accordance with 7 CFR 246.18 and 7 CFR 246.25, and shall be available to the appellant or representative.

Local Agency Responsibilities

- Informing each program applicant or participant of their fair hearing rights at initial and subsequent certifications. Appeal rights are provided at the time of a claim for repayment of the cash value of improperly issued benefits or denial of participation or

disqualification.

- Written notification shall be made to:
 1. Applicants found ineligible. Documentation of the ineligibility must be kept in their file.
 2. Each participant found ineligible at any time during a certification period. Documentation must be kept in their file. The participant needs to be notified a minimum of 15 days prior to termination of program benefits. They must also be informed of their right to a fair hearing.
 3. The person against whom the collection of improperly issued benefits is undertaken. The reason(s) for the claim, the value of the improperly issued benefits and their right to a fair hearing shall be included in the notification.
 4. Each participant at least 15 days before the expiration of each certification period that the period is about to end.
- Local programs, at the time of application or when notifying persons found ineligible of their right to a fair hearing, shall advise them of the method for requesting the hearing and their right to be represented at the hearing by a relative, friend, legal advisor, or other representative of their choice, and give them a summary of the hearing process.
- Local programs shall advise those found ineligible that they have up to 60 days from notification of ineligibility to request a fair hearing from the State Department of Public Health and Human Services. The request for hearing is defined as any clear expression by the individual, guardian or other representative that an opportunity to present its case to a higher authority is desired.
- If a hearing is requested within the 15 day period by participants found ineligible at any time during a certification period, benefits will be continued or reinstated until a decision is reached in accordance with 7 CFR246.9 or the certification period expires, whichever occurs first.
- Applicants who are denied benefits at initial or subsequent certifications shall not receive benefits while awaiting the hearing. Local programs should obtain legal counsel to represent the WIC program if a hearing is requested.
- A request for hearing shall not be dismissed or denied unless:
 1. the request is not received within 60 days from notification of ineligibility;
 2. the request is withdrawn in writing by the appellant;

3. the appellant or appellant's representative fails, without good cause, to appear at the scheduled hearing; or
4. the appellant has been denied participation by a previous hearing and cannot provide evidence that circumstances relevant to Program eligibility have changed in such a way as to justify a hearing.

Time Sequence for Fair Hearing Procedures:

Step	Participant...	State/Local Agency ...
Participant is notified of ineligibility for WIC benefits.	Has 60 days to request a fair hearing. *	Local Agency must provide participant with Notice of Ineligibility and follow procedures outlined in WIC State Plan.
Participant requests a fair hearing to the State WIC Agency within 60 days.	Will receive 10 days written notice of time and place of the fair hearing within 3 weeks of request.	Local Agency obtains legal counsel to represent the WIC program at the hearing within 3 working days of receipt of the hearing request.
Fair hearing is held in the county where the participant resides.	Will receive the decision of the hearing official within 45 days of the original request.	Within 45 days the State Agency sends the participant the decision of the hearing official.
Participant appeals decision.	Request must be made to the District Court within 30 days of receipt of written notification of the decision.	State Agency notifies Legal Division of appeals request.

* The participant who is terminated during a certification period and requests a fair hearing within 15 days of termination will continue receiving benefits until a hearing decision is made or the certification period expires.

Potential Dual Certifications

Definition

Simultaneous participation in the WIC Program at more than one WIC clinic.

Introduction

A daily potential dual certification check is performed each night using new participant records which have been uploaded from the sites to the central Host computer. A monthly dual certification check is performed at the State WIC Office at the end of each month. All participants on the Host participant master file are analyzed to identify potential matches of all active participants.

Process

In the daily check, all participants currently certified are compared and if any of the following conditions are met, all records that match are listed on the dual certifications report: the first and last name of the participants are the same, the birth date and first four characters of the last name are the same, the birth date and first four characters of the parent/guardian last name are the same.

The information is grouped according to the clinic ID that generates the new participant ID. A copy of the data for each clinic grouping is downloaded to the clinic each night to be printed with the Beginning of Day report. Clinic personnel are responsible for following up on the information contained on their report.

The monthly dual certification check is viewed as a centralized report for State Program personnel to use to monitor the dual participant resolution activity at the clinics. This report functions as a follow-up to the daily reports that have been generated for the past month. If the clinics have not resolved the dual certifications that appeared on the daily reports, the matches will appear on the monthly report.

Action

Once a participant is confirmed as participating in two or more clinics, steps outlined in this Chapter - Participant Fraud/Abuse are implemented.

Coordination with Special Services

Introduction

Special counseling services and other programs include but are not limited to:

Alcohol and Drug Abuse Programs	Child Protective Services
Clinics, including Well-Child and KIDS COUNT (early and periodic screening, diagnosis and treatment programs)	Dental
DPHHS Immunization Program	Drug and Alcohol Treatment and Education Programs
Family Planning	Farmworker Organizations (with special emphasis on migrants)
Food Bank network	Health and Medical Organizations
Hospitals	MCH Programs, including block grants and case
Montana Hunger Coalition	Office of Public Instruction Homeless Education Project
Program Administration Unit (foster care)	Religious and Community Organizations in low income areas such as community action agencies, Headstart, Expanded Foods and Nutrition Education Program (EFNEP)
Schools	Social Service Agencies
Tribal Organizations and Agencies contacting off-reservations or landless Native Americans	Unemployment Offices
Welfare Programs, including Temporary Assistance to Needy Families (TANF), Food Stamps, and Medicaid	Etc.

Contacts with Groups

General Public: The State WIC Agency has available public service announcements, brochures, posters, etc., which can be used by local WIC programs in their outreach campaigns.

Health Professionals: Local WIC programs develop their own referral systems with the

local health care providers.

County Commissioners: Local and State WIC Agency personnel keep county commissioners informed of WIC by sharing results of the annual monitoring process.

Community Agencies: Community organizations and agencies will be invited to future WIC workshops as they have been in the past. Contacts have been made with migrant organizations throughout the State and local WIC programs have been encouraged to work with them.

Contact *Montana Migrant and Seasonal Farmworkers Council* located at 2406 6th Avenue North, Billings, Montana 59102, annually to determine appropriate agencies to contact for outreach and referral. Provide the council with names, addresses, phone numbers and operation hours of all WIC clinics. Refer this information to local WIC programs and encourage contact with the Migrant Council in their area.

Urban Indian Organizations: Ongoing efforts are being made to increase the participation of off-reservation Indians in existing WIC programs. One WIC clinic has been established in a health clinic serving urban Indian populations.

Health Officers, Indian Health Service Unit Directors, etc.:

- Whenever possible, State WIC Agency personnel visit these persons during the bi-ennial monitoring.
- Local WIC program staff is encouraged to make visits to these groups at least once annually to inform them of WIC successes in their area.

WIC Healthy Mothers/Healthy Babies Coalition: The Montana State WIC Program was one of the founders of the HM/HB coalition in 1986. Since that time, WIC has been an active and contributing member, working to improve the health of mothers and children. Currently, local agencies are encouraged to join their local Health Mothers/Healthy Babies Coalitions.

Child and Family Services Division: State WIC Agency personnel offers education for newly hired Eligibility Technicians, Child and Family Services Division. By learning about WIC, and thereby raising their awareness of WIC, the Eligibility Technicians can assist their clients who may be eligible for WIC by referring them to WIC.

Program Administration Unit: The State WIC Agency will coordinate with the WIC program Administration Unit by:

1. providing copies of the Montana WIC Program income guidelines, “Nutrition Program for Montana’s Women, Infants, Children” brochure, a listing of WIC clinic phone numbers for various towns in Montana, and a “Dear Foster Parent” letter which includes information about acceptable proof of placement and how to receive benefits; and

2. offering local WIC program CPA's to provide information about the WIC Program to potential foster parents attending training sessions sponsored by the unit.

Substance Abuse Programs: The State WIC Agency shall contact, on an annual basis, the three drug-alcohol intervention programs in the State that serve pregnant women. Information will be provided about WIC and the location of its clinics. Local WIC programs will be instructed to include these programs in their outreach and referral plan.

Wholesale Grocers: The State WIC Agency attends grocer trade shows throughout the State as appropriate to inform and educate grocers about changes in WIC.

Outreach/Referral

State Agency Responsibilities

The State Agency is responsible for coordinating the listed outreach/referral efforts with Local Programs.

Press Releases

- Develop annual press release statements and public service announcements for the Local WIC Programs to send to newspapers, radio and television stations in their areas at least once annually, or more often as needed.

Press releases and announcements must include name and address of the Local WIC Program, eligibility criteria and information on program benefits which include supplemental foods, nutrition education, and access to on-going health care. In areas where maximum caseload has been reached, press releases will focus on maintenance of caseload and reaching high-risk participants.

The press release(s) must also include information relating to the homeless, including participant eligibility criteria, location of local programs and the three conditions for participation by organizations and agencies serving homeless individuals. See Policy 5-5.

- The State WIC Agency has contacted other State WIC Agencies for public service announcements (PSA) that have been developed for high risk persons. A series of television spots are available to local Montana WIC Programs for adaptation. Two local programs have produced their own PSAs.
- The State WIC Agency will use other available media in outreach activities, such as newspapers, newsletters and radio.

Promotion of Services

- Prepare and distribute posters, brochures and referral forms to local programs for use in enlisting new WIC participants, and in providing information to health professionals and allied services in their community.
- Provide local agencies with outreach and referral information and pamphlets about allied services such as Medicaid, Food Stamps and TANF eligibility, Child Support Payment Enforcement availability and Kids Count, Family Planning and Immunization programs.

Information Exchange

- Inform State Food Stamp Program, TANF Program, Medicaid Program, Office of Public Instruction Homeless Education Project, Family Services, Food Bank Network, Community Health Centers, and Montana Hunger Coalition of WIC regulations regarding income guidelines and qualifications. Arrange State-wide effort to have local programs coordinate with local offices of the above

programs. Forward outreach and referral information about allied services to appropriate local WIC program.

- Contact State MCH programs and encourage exchange of information on Program operations as an enhanced effort of improved services to mutual clients.
- All local agencies receive the Family and Community Health Bureau Facts Newsletter which contains information about related Bureau programs regarding activities, updates, changes and Montana WIC submitted articles.

Statewide Meetings and Workshops

- Determine the if an statewide meeting or workshop is warranted and the local staff who should attend. Topics will be determined based on information to disseminate and training requirements.

Local Agency Outreach/Referral Plans

- Review local WIC program “Outreach/Referral Plan” and monitor their efforts in meeting the goals of the outreach/referral plan.

Legislative Queries

- Provide the Montana Congressional delegation information about WIC upon request.
- Provide the State policy makers with information about WIC’s contribution to the health of women, infants and children.

Breastfeeding Materials

- Regularly mail breastfeeding related information to local programs. In the past, these mailings have included copies of:

the National WIC Association’s (NWA) Position Papers on Breastfeeding and The Role of Formula in WIC;

Guidelines for Promotion and Support of Breastfeeding;

breastfeeding topic continuing education opportunities; and

activities planned for August (which Montana recognizes as Breastfeeding Promotion and Support Month).

Unserved Counties

- Every effort will be made by State WIC staff to assure that all counties in Montana are served by WIC. Should a county lose service for any reason the State staff will contact (and maintain contact with) the health providers in the county without a contract to offer WIC program benefits.
- State staff will explain verbally and in writing the WIC program’s operations

in order to gain support for the implementation of WIC services.

- Local contacts will include governing officials (county commissioners, city and town officials); health providers (public health nurse, health officer, physicians); and other human service agencies (Medicaid, TANF, Food Stamps).
- The regional office of USDA will be requested to provide sufficient funds in Montana's annual grant to support this goal.

Notice to the General Public

On the first Sunday in May of each year, the Montana WIC Program shall publish in the Sunday edition of seven major newspapers in the State a public notice requesting comment on the development of the State WIC Plan for the upcoming fiscal year.

The published notice for WIC comments shall include a statement to the effect that copies of existing State plans are available at local WIC offices or by contacting the Nutrition Section Supervisor.

This notice shall allow comments to be received in writing up to the close of business on May 31. Such comments should be addressed to the Nutrition Section Supervisor, Health Policy and Services Division, Department of Public Health and Human Services, Cogswell Building, P.O. Box 202951, Helena, MT 59620-2951.

The Nutrition Section Supervisor shall receive and review each written comment and acknowledge receipt of same to the sender within 10 days of receipt. A record of comments received and acknowledged shall be included as an appendix in the final approved State WIC Plan.

The Nutrition Section Supervisor shall incorporate such comments as deemed appropriate.

Targeting Benefits

Introduction

Outreach through networking with agencies, groups and individuals will be the preferred method of targeting benefits.

Methods of Targeting Benefits

- The State WIC Agency will continue to seek out materials and work with agencies such as the Montana Perinatal Program (MIAMI Projects) and the Montana Coalition for Healthy Mothers/Healthy Babies to assure the early enrollment of high risk individuals into the WIC Program.
- The State WIC Agency will work cooperatively with the Montana WIC Medical Advisory Group to ensure professional recognition of the targeting of benefits.
- The State WIC Agency, recognizing the importance of Agency/Program cooperation, will continue to use available opportunities to educate other health professionals to WIC services and benefits.
- The State WIC Agency, along with the Local WIC Programs, will provide agencies, organizations and offices in the outreach network with materials describing WIC and its locations and the locations of agencies serving the homeless.

Monitoring

Introduction

The State Agency staff will perform on-site reviews of all local programs biennially at a minimum of 25% of their clinics. These visits will determine compliance with Federal Regulations and State Policies and Procedures, local program nutrition education plans, as well as evaluate program quality and provide assistance to facilitate program improvement.

State Agency Responsibilities

The State Agency shall inform USDA of unresolved problems, delays or adverse conditions.

The State Agency shall provide technical assistance and training to local programs when necessary and applicable for resolution of monitoring recommendations.

State Agency staff, consisting of a Nutritionist and a Program Specialist, visits the local WIC program to review records with local WIC program staff.

The Monitoring Worksheet sets forth the questions that will be used to review the WIC records.

A schedule for the entire 12-month period of the Federal Fiscal Year will be prepared by October. This tentative schedule is based on past years experience in terms of weather and efficient use of travel time, however, it is subject to change. The needs and schedules of each local agency are usually accommodated.

Federal Office Responsibilities

The Regional Office of USDA will perform a management evaluation of the State WIC Agency as needed which includes on-site visits to a representative number of local programs.

Local Program Responsibilities

The local WIC program shall maintain the required records for each participant.

The local WIC program records shall be available to State and Federal agencies for monitoring.

The local WIC program shall respond and follow-up on recommendations made by the Federal or State WIC Agency as a result of a monitoring visit.

Monitoring Procedures

The State Agency staff conducts an entrance interview with local WIC program personnel before the monitoring.

A representative sampling of participant records is selected and reviewed.

The State staff conducts an exit interview with the appropriate local WIC program staff and gives a verbal report of its findings. A discussion of improvement from past visits, resolutions of problems, non-compliance and/or revisions in procedures is appropriate during this interview.

Within 60 days after the visit, a written report of the State WIC Agency's findings and recommendations is sent to the local WIC program CPA and/or Program Manager.

Within 60 days after receipt of the monitoring findings, the local WIC program shall respond in writing, with a plan of action stating how and when corrections, revisions or compliance have been or will be accomplished.

If the local WIC program's corrective action plan is deemed appropriate, and no further actions for correction are needed, the State WIC Agency will acknowledge in writing that the local WIC program's response is acceptable.

If major areas of concern remain uncorrected or are not addressed in the corrective action plan, a follow-up visit may be scheduled.

Nutrition Services Review

Local WIC program operations are evaluated for nutrition services compliance against current Federal and State regulations.

Charts are reviewed and the environment and clinic procedures are observed. This visit also serves as an assessment by the State team of training needs of local staff.

Administrative Review

The administrative team member will review the client files for complete documentation of income and current Certification and Eligibility form; conduct a visual site review for space, security, privacy, etc.; and verify inventory.

The administrative team member will also review original documents (timesheets/cards for WIC employees, telephone bill and how it is distributed among programs, bills for office supplies, rent, etc.) If rent is distributed among programs, written justification for the plan or method used will need to be available. A general guide is that the "paper trail" of expenses claimed must be easy and convenient to follow.

Local Program Review of their Operations

Federal Regulations require that each WIC agency establish a system by which they review their own program operations and that of their satellites annually.

The local WIC program may use the State's Monitoring Checklist, a modification thereof, or a system which they develop to review their program operations.

Local programs shall maintain results of their reviews on file for review by the State team

during the biennial monitoring visit.

Local Program Review of State Agency Operations

Local WIC program staff complete the report. It is not necessary that this report be signed.

Once each year, by September 1, the report is sent to the State Office. The State Office will summarize and send the results to local programs for their information. The State WIC Agency will also list how they will meet suggestions for improvement.

This review helps the State Agency determine what services are needed by local programs.

Attached Forms

The Local Agency Monitoring Worksheet, Self-Monitoring Form, Evaluation of State WIC Agency Services and Participant Survey currently being used are attached at the end of this chapter.

Program: _____ Monitoring Team: _____
Visit Date: _____

Self-Monitoring Form

Complete the following questions and return to the State Agency within 30 days (continue answers on another sheet if necessary). Answer questions for each clinic site your program serves.

1. Does the staff reflect the minority make-up of the population? If so, describe.

2. How is the participant's racial/ethnic category determined (visual, self ID, other)? 246.8(a)(3).

3. If there is a significant number of limited English or non-English speaking participants, are adequate materials and translators available? Describe materials and translator arrangements.

4. Does the staff know the procedure for filing Civil Rights complaints? Have all your staff been trained and tested in Civil Rights? Describe how Civil Rights complaints are handled.

5. Have any complaints of Civil Rights violations been filed against the agency since the last monitoring visit? If any, how did the local agency handle the complaint? When was it received? When was it passed to the state office?

6. Describe how complaints regarding services received from WIC staff are handled:

- 7. What complaints has the clinic received from participants about their treatment by food retailers? How are they handled?**

- 8. Does your clinic have a written disaster recovery and security plan for the WIC computer system? Attach a copy.**

- 9. Who evaluates the Beginning-of-Day and End-of-Day Reports? What do you do to evaluate the reports?**

- 10. Make a list and attach copies of all local agency WIC policies (if different from State Agency policy and Procedure Manual) being applied and enforced at this time (e.g., missed appointments, late appointments, follow-up on high risk, priorities for serving clients, tailoring food packages, etc.). Include a packet of examples of letters, forms, pamphlets and informational materials utilized by your program (do not include state developed/supplied materials).**

- 11. Describe any changes implemented in the nutrition education process not described in your current Nutrition Education Plan.**

- 12. Where are you in achieving the goals of your Breastfeeding Education/Promotion/Support Plan? Describe.**

- 13. List the automated WIC system management reports your local agency uses and describe the purpose/situation. What additional reports would be helpful?**

14. How do you use the CDC Reports? Do you have questions about the information on them? Be specific.

15. Print the management report - REFERRED FROM & TO SUMMARY - for the most recent month.

16. Is local agency staff aware of any participants living in homeless facilities? Is a shelter or homeless facility located in your service area? Have you contacted homeless facilities/shelters and food banks to inform them of WIC Services? List any contacted. Were any assessments made of the homeless facilities? If so, include a copy of the assessment. WIC State Plan policy #5-5.

17. Records Management:

Have any records been disposed of during the current fiscal year?

What were they? How old/date range of items?

Was this completed according to the schedule in the State Plan? 246.24(a)(2)

Method of disposal?

18. How have you advertised/publicized program benefits in the past year? 246.4(a)(7). Describe any activities your program has implemented or participated in to increase WIC participation.

How are potential participants advised of program availability and eligibility standards?

19. How close is/are the WIC Clinic(s) to adjunct health care?

20. Is/are the clinic(s) accessible to disabled participants? If not, what arrangements are made to serve disabled participants?

**21. Are participants initially advised of available health and referral services and on a routine basis?
246.78(i)(4)**

22. Is information on Food Stamps, Temporary Assistance for Needy Families (TANF, formerly AFDC), Medicaid and Child Support Enforcement offered to each applicant/participant?

**23. Has the local agency provided all potential referral sources with written outreach materials?
When was this last done? Identify programs. 246.4(a)(7)**

24. Are materials describing the WIC Program with current locations, hours and phone numbers provided to other agencies?

25. Do you have a MIAMI Project in your area? ☐ yes ☐ no

Have any referrals been made to your MIAMI Project? If not, why? (check your Referred From & To Summary)

If yes, how many WIC participants have been referred to the Project in the last 12 months?

Who is your primary contact at the Project?

26. Do you have a FOLLOW-ME Project in your area? ☐ yes ☐ no

Have any referrals been made to your FOLLOW-ME project? If no, why? (check your Referred From & To Summary)

If yes, how many WIC participants have been referred to the Project in the last 12 months?

Who is your primary contact at the Project?

27. Are high risk no-shows contacted for follow-up? Describe:

28. Are certification no-shows contacted for follow-up? Describe:

29. How do you handle out-of-state transfer participants? 246.7(j)

30. Who explains the purpose of the WIC Program to the applicant?

31. Do staff members review the participant rights/responsibilities with the applicants? 246.7(b)

32. Who is responsible for determination of nutritional risk, nutritional screening, food package tailoring and follow-up of participant? Section 246.7(d) List name and title:

Nutritional Risk: _____

Nutritional Assessment: _____

Food Package Tailoring: _____

Follow-up Counseling: _____

33. Who develops the individual care plans? How? Describe the procedure:

34. Are the feeding practices recommended by allied medical staff consistent with practices currently used by WIC (everyone giving the same education/advice, i.e., Breastfeeding encouraged and supported, no solids for infants until 4-6 months, etc)?

35. How are nutrition education contacts scheduled for infants certified until their first birthday 246.11(e)(2)?

36. Are instructions for the proper use of food instruments reviewed with new participants? 246.12(q) Who is responsible for this instruction?

37. Are clients asked for their ID packet(s) before processing (issuing) food instruments?

38. Have you denied food instruments to participants that fail to attend or participate in nutrition education activities or who do not have current immunizations? 246.11(a)(2) Have you been requested by any other agency to deny food benefits?

39. What is the procedure if someone becomes ineligible during a certification period? Describe:

Over income: _____

Stopped breastfeeding mid-cert: _____

Guilty of program abuse: _____

Etc.: _____

- 40. Is any WIC staff member or immediate family member also a WIC participant? How is certification and food instrument issuance handled for staff or immediate family members?**

- 41. What problems do you have with the WIC food package(s)? Be specific.**

- 42. What is done for WIC participants who are allergic to WIC foods? What is done for milk-intolerant infants and children? Describe.**

- 43. Are food instrument inventory records maintained by personnel independent of issuance personnel?**

- 44. List any amendments, such as additions, deletions or clarifications, to the State Policy and Procedure Manuals you would recommend. Be specific.**

ADDITIONAL COMMENTS: (use additional sheets if necessary)

Signature: _____

Date: _____

**MONTANA WIC PROGRAM
EVALUATION OF STATE WIC AGENCY SERVICES**

WIC CLINIC _____ DATE _____

INSTRUCTIONS: Please complete this form and return it to the State WIC office by September 30 (yearly).

Give a specific example when referring to a problem and your recommendation(s) for a solution. Confine your comments to the events in the past twelve months and use additional sheets of paper as necessary.

NOTE: This form should be given to all WIC staff members in your agency.

I. Caseload Management Services

- A. I have received adequate assistance from State staff in managing my program's caseload.

☐ yes

☐ no

Comments: _____

- B. My questions about caseload management have been answered promptly and satisfactorily.

☐ yes

☐ no

Comments: _____

II. Financial Management Services

- A. I have received adequate assistance from State staff in managing my program's budget and expenses.

☐ yes

☐ no

Comments: _____

- B. My questions about financial management have been answered promptly and satisfactorily.

☐ yes

☐ no

Comments: _____

- C. My questions about interpretation and utilization of financial reporting forms have been answered promptly and satisfactorily.

☐ yes

☐ no

Comments: _____

III. Nutrition Services

- A. I have received adequate assistance from State staff in managing my program's nutrition education component. (The Nutrition Education Plan, Breastfeeding Education Plan, The Outreach/Referral Plan, Breastfeeding Promotion and Support Plan, Nutrition Education resources/materials.)

☐ yes

☐ no

Comments: _____

- B. My questions about nutrition services have been answered promptly and satisfactorily.

☐ yes

☐ no

Comments: _____

- C. My questions about interpretations of nutrition education, screening, nutrition risk codes, food packages and data reporting have been answered promptly and satisfactorily.

☐ yes

☐ no

Comments: _____

- D. The nutrition education materials provided by the State staff are useful and meet the needs of my participants.

☐ yes

☐ no

Comments: _____

IV. Retailer Management Services

- A. My questions about retailers have been answered promptly and satisfactorily.

☐ yes

☐ no

Comments: _____

- B. My questions about interpretation and utilization of retailer data reporting have been answered promptly and satisfactorily.

☐ yes

☐ no

Comments: _____

V. Information Services

- A. The technical assistance provided by the State staff meets my needs.

☐ yes

☐ no

Comments: _____

- B. Problems are solved quickly and efficiently? or If problems cannot be solved right away, are they ☐ yes ☐ no resolved in a reasonable time period? ☐ yes ☐ no

Comments: _____

- C. Are technical assistance staff attentive enough ? ☐ yes ☐ no

Comments: _____

VI. General Operational Services

- A. The most recent assessment of my program by State staff (on-site monitoring visit) was fair.

☐ yes

☐ no

Comments: _____

- B. Some of the forms we use could be made better (please give specific recommendations).

☐ yes

☐ no

Comments: _____

C. My orders for forms are filled promptly.

☐ yes

☐ no

Comments: _____

D. My telephone calls to the State office are returned promptly.

☐ yes

☐ no

Comments: _____

E. Written information from the State office (memos, policy statements, letters, etc.) is clear, concise and understandable.

☐ yes

☐ no

Comments: _____

F. There are too many or not enough (circle one) written documents sent to me by the State office.

Comments: _____

G. The state plan is thorough and easy to follow. ☐yes ☐no

H. I think the State staff listens to my needs and concerns and responds adequately.

☐ yes

☐ no

Comments: _____

I. I have received conflicting information from State staff.

☐ yes (give specific examples)

☐ no

Comments: _____

J. The State staff are never/usually/sometimes/always (circle one) courteous in their

communications with me.

Comments: _____

K. The training and continuing education provided by State staff meets my needs for working in WIC.

☐ yes

☐ no

Comments: _____

L. In what areas would you like to have training?

Comments: _____

OTHER COMMENTS/SUGGESTIONS:

Thank you. We will use the information you provide to improve our services to you.

PARTICIPANT SURVEY

WIC - BUILDING A HEALTHY MONTANA

CLINIC/SITE: _____ DATE: _____

We need your help and would like a few minutes of your time. Please answer the following questions. We will use the answers to improve our services to you. All answers will be kept confidential. **THANK YOU!**

1. What do you think of the information received from the WIC staff? (circle numbers below)

A.

Not Interesting				Interesting
1	2	3	4	5

B.

Not Helpful				Helpful
1	2	3	4	5

C.

Hard to Understand		Just Right		Too Simple
1	2	3	4	5

2. WIC has helped my family the most by (check one):

- ☐ WIC has not been of much help to my family
- ☐ Giving us information on nutrition
- ☐ Helping solve our nutrition/feeding problems
- ☐ Teaching us the importance of good nutrition/feeding habits
- ☐ Giving us food **and** nutrition information
- ☐ Giving us extra food for my family
- ☐ Other Comments: _____

3. When you use your WIC checks at the store, how are you treated? (describe, such as politely, rudely, etc.)

Comments: _____

If treated rudely, did you report it to the WIC Program? ☐ yes ☐ no

Comments: _____

4. When you are at the WIC clinic, How have you been treated by the staff? (describe, such as politely,

rudely, etc.)

Comments: _____

If treated rudely, did you report it to the State WIC Office? ☐ yes ☐ no

Comments: _____

5. I like to learn about nutrition from: (check all that apply)

- ☐ Pamphlets or other handouts
- ☐ Videos, films, or movies
- ☐ A group meeting
- ☐ Individual visits with a dietitian or nurse
- ☐ Bulletin boards or posters in the waiting room
- ☐ Newsletters from the local WIC office
- ☐ Recipe ideas
- ☐ Other suggestions: _____

6. Do you use the: (check all that apply)

- ☐ Nutrition information received verbally
- ☐ Recipe ideas
- ☐ Newsletters
- ☐ Handouts (example: pamphlets, booklets, or flyers)

7. What topics would you like to learn more about (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> The Feeding Relationship | <input type="checkbox"/> Preventing feeding problems |
| <input type="checkbox"/> Positive parenting (the feeding relationship) | <input type="checkbox"/> How to plan meals, menus for my family |
| <input type="checkbox"/> Keeping fit and eating right | <input type="checkbox"/> How to purchase foods |
| <input type="checkbox"/> Budget meal planning | <input type="checkbox"/> How to use left overs |
| <input type="checkbox"/> Healthy snacks for kids | <input type="checkbox"/> How to make soup |
| <input type="checkbox"/> Fast food and your diet | <input type="checkbox"/> Building a healthy baby |
| <input type="checkbox"/> How to use WIC foods | <input type="checkbox"/> Breastfeeding |
| <input type="checkbox"/> Healthy teeth for happy smiles | <input type="checkbox"/> Weight gain and pregnancy |
| <input type="checkbox"/> Building blood (iron) | <input type="checkbox"/> Down-to-earth nutrition |
| <input type="checkbox"/> Preventing picky eaters | <input type="checkbox"/> Smoking and your pregnancy |

- | | |
|---|--|
| <input type="checkbox"/> Baby bottle tooth decay | <input type="checkbox"/> Alcohol, drugs, and you |
| <input type="checkbox"/> Feeding your baby | <input type="checkbox"/> Canning and freezing |
| <input type="checkbox"/> Feeding your toddler | <input type="checkbox"/> Gardening _____ |
| <input type="checkbox"/> Weaning your baby | <input type="checkbox"/> Other ideas |
| <input type="checkbox"/> Is your baby getting enough
to eat?
(breast milk or formula) | |

9. I have been on the WIC program for _____ years/months (circle one). With WIC's help I have made the following changes in my family's health:

10. How can we improve the WIC program or the service provided to you?

Thank you. We will use the information you provide to improve our services to you.